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				טטנ	umem	Page 1 01 2			
Fill	in this informa	ation to identify your cas	e:						
De	btor 1	Angela M Favia							
Do	btor 2	First Name	Mide	dle Name		Last Name			
	ouse if, filing)	First Name	Mide	dle Name		Last Name			
` '	. 0,								
Un	ited States Ba	nkruptcy Court for the:	NORTHE	ERN DIST	RICT OF ILLI	NOIS			
Ca	se number								
	known)							☐ Check if this an	
								amended filing	
	4004								
	103A								
Αp	plication	for Individuals	s to Pay	the Fi	iling Fee	in Installmen	nts	12/	15
	as complete a ormation.	and accurate as possib	ole. If two n	narried pe	eople are fili	ng together, both ar	e equally responsi	ble for supplying correct	
mic	rmation.								
Pa	rt 1: Spe	cify Your Proposed Pa	yment Tim	etable					
	\A/le:ale aleae	etan af tha Danleyuntau	O	_	Chantar 7				
1.	vou choosi	oter of the Bankruptcy ng to file under?	Code are		Chapter 7 Chapter 11				
	you onloos	ng to me under .			Chapter 12				
					Chapter 13				
2.	Vou may ar	oply to pay the filing fe	o in un to	You	propose to p				
۷.	four install	ments. Fill in the amou	ınts you	Tou	oropose to p	ay			
	propose to	pay and the dates you	plan to						
		Be sure all dates are bu							
	to pay.	add the payments you	propose		77.50		ing of the petition	0/40/40	
	to pay.			\$	77.50	On or before	re this date	2/12/16	
	Vou must n	opose to pay the entire	fee no					MM / DD/ YYYY	
	later than 12	20 days after you file this	S	\$	77.50	On or before t	his date	3/14/16	
		case. If the court approv		· —				MM / DD/ YYYY	
		the court will set your fir	nal	\$	77.50	On or before t	his date	4/13/16	
	payment tim	etable.		. •	77.50	0	deia alata	MM / DD/ YYYY	
				+ \$	77.50	On or before t	his date	5/13/16 MM / DD/ YYYY	
								ואוואו / טט/ דדדד	
					310.00				
Total			Ψ			al the entire fee for	for the chapter you checked in line 1.		
Total				Tour total must equal the entire ree			iai trie entire lee loi	ine chapter you checked in i	1116 1.
Pa	rt 2: Sigr	Below							
D.,	eigning horo	you state that you are	unable to	nav tha fu	II filing foo a	t once that you wa	nt to nay the fee in	installments, and that you	
	lerstand that:		ullable to	pay the it	iii iiiiiig iee a	it office, that you war	iit to pay the lee iii	mstamments, and that you	
	• You	must nav vour entire fili	na fee hefo	re vou ma	ke anv more	navments or transfer	any more property t	o an attorney, bankruptcy pe	etition
	prep	arer, or anyone else for	services in	connectio	n with your ba	ankruptcy case.			
						st file for bankruptcy,	unless the court lat	er extends your deadline. Yo	our
		s will not be discharged				v case may he dismi	ssed and your right	s in other bankruptcy procee	dinge
		be affected.	ilelit Wilelii	it is due, y	Jui Dalikiupio	y case may be dismi	sseu, and your right	s in other bankruptcy procee	uiiigs
	,								
X	/s/ Angela N	/I Favia	X				/s/ Brett J. Pfeifer		
	Angela M Favia						Brett J. Pfeifer 6227036		
	Signature of I	Debtor 1		Signature	of Debtor 2		Your attorney's nam	ne and signature, if you used	one
		uary 14, 2016		Date			Date January 14		
	MM	/ DD / YYYY		IM	M / DD / YYY	Υ	MM/ DD / Y	YYY	

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		Document	Pa	.ge 2 of 2			
Fill in this information	on to identify the case:					Į	
Debtor 1	Angela M Favia						
Debtor 2	First Name	Middle Name	Last	Name			
(Spouse if, filing)	First Name	Middle Name	Last	Name			
United States Bank	ruptcy Court for the:	NORTHERN DISTRICT C	HERN DISTRICT OF ILLINOIS				
Case number (if kno Chapter filing under				Chapter 7 Chapter 11 Chapter 12 Chapter 13			
Order Appro	ving Payment o	of Filing Fee in Insta	allme	nts			
After considering that:	the <i>Application for</i>	Individuals to Pay the Fi	iling Fe	ee in Installm			he court orders
		fee according to the follo			пе аррпсат	iori.	
		_	_				
<u> </u>	ou must pay	On or befo	ore tn	is date			
\$		Month / da	ıy / yea	ar			
\$		Month / da	ıy / yea	ar			
\$		 	ıy / yea	ar			
+ \$		 					
Total \$		IVIOITIT7 da	iy / yea	21			
		debtor(s) must not make rvices in connection with			ment or trans	sfer any additio	nal property to
·	·	By the cou					

United States Bankruptcy Judge

Month / day / year